

Nebraska starts Medicaid work requirements tomorrow

April 30, 2026

Advocates, providers, and Medicaid agencies are [watching Nebraska](#) this week as they launch work requirements in their Medicaid program. States have been working to implement the complex, federally mandated requirements passed last summer in HR-1, the One Big Beautiful Bill Act. [Previous efforts](#) in Arkansas and Georgia failed badly. Unfortunately, while the deadline to start is January 1st, federal regulations outlining the implementation rules won't be available until June. States are making their best guesses for now. Most states are taking all the time they can, but Nebraska has chosen to implement early, as of this Friday, May 1st.

As Nebraska is the only state to implement work requirements before the regulations are published and they have been [working with CMS](#), there is a lot of interest in how they're setting it up there. **So far, there are a lot of [concerns and open questions](#) from Nebraska providers and advocates. Not surprisingly, Medicaid members [are confused](#).**



Make sure to get the latest news about your DSS benefits!

 CONNECTICUT



Visit ct.gov/updateusdss and update your contact information today to receive important reminders and notices from DSS.

 CONNECTICUT Social Services

Update Us so we can Update U

In Connecticut, all HUSKY members should [update their information](#) with the state now so they'll know what's happening and how to stay covered.

But the state has also made some good decisions to make the process easier and more transparent for members and partners trying to navigate the system. Nebraska's Dept. of Health and Human Services (DHHS) has published a [comprehensive website](#) to explain the process, who it applies to (and who it doesn't), and guides to verify compliance if necessary.

Under the [new federal law](#), adults without children ages 19 to 64 covered by Medicaid in the [40 states and DC](#), including Connecticut, that expanded Medicaid under the Affordable Care Act (only HUSKY Part D in Connecticut**) will have to earn at least \$580/month at a paid job, volunteer at least 80 hours/month in their community, or be in school at least half-time to keep their coverage. They will also need to confirm their eligibility with DSS every six months, not annually as now. **Members in HUSKY Parts A, B, and C are not affected by the change.****

Thankfully, HR-1 includes [some exemptions](#) to the work requirements. Pregnant people, caregivers for children under age 14 or for people with medical conditions, past foster youth to age 26, those in drug or alcohol treatment, current and some former inmates, people with a disability or who are medical frail, and people covered by certain other public programs are not subject to the work requirement.

In Nebraska as in Connecticut, most Medicaid adults are already working, but documenting work or an exemption will be challenging for many members and for Medicaid staff. **Unlike Connecticut, Nebraska is [not hiring more staff](#) to handle the extra workload.**

In good news, DHHS has made some smart policy decisions. They are **using available data extensively** to document income, education, and medical frailty. They are using [state and credit bureau data](#) sources to identify income levels. [The state reports](#) that **72% of members will say covered automatically** without needing to file any forms or documentation. **They've identified 295 pages of [diagnostic codes](#) in medical claims, such as blindness or disability, substance use disorder, or a serious medical condition, that can [exempt members as medically frail](#) without the need for forms and documentation.** For others, where there isn't data to verify their income or exemption, DHHS's **relatively short [declaration form](#) allows people to self-attest** that they fit into one of the categories. For example, there is no need to for caregivers to get providers' signatures on the form, as is currently required in Connecticut's SNAP program work requirement exemption. Primary care providers are busy enough and they don't see patient's home environment to assess the need for caregiving. DHHS can follow up if they need more documentation.

While there are still many questions, [the state's website](#) **explains the process in detail, is easy to understand, and has lots of tools to help members navigate the [eligibility portal](#).** It includes a pre-screener to determine eligibility, videos of community presentations and how-to videos showing how to verify. [Mailed notices](#), a [one-page explainer](#), the self-attestation [declaration form](#), and a very helpful [Frequently Asked Questions \(FAQ\) page](#) are all on the website. Where they don't have full information, they explain what people should do now, and how they will update them when they have more information.

DHHS held virtual community presentations with community and workforce partners two months ago and the [recordings are online](#).

Nebraska is serious about connecting people to work and school. The state's [employment and education assistance site](#) is extensive, easy to navigate, and understandable. For example, the search for available retail jobs found over a hundred openings with info on how to apply.

There are concerns about reaching members at-risk. Nebraska mailed letters/notices to the [20,000 to 28,000 people](#) they couldn't verify automatically. They also [sent texts and emails](#), but didn't have those contacts for most members. This is problematic because people with lower incomes tend to move often and don't always update their information with DHHS, so they may miss mailed notices.

Nebraska is [also advertising](#) on TV, radio, and social media.

In Connecticut, all members should [update their information](#) now with the state to know what is happening and how to stay covered.

In very good news, **the Nebraska Hospital Association is also doing their part** to keep people covered. They have published a website, [Stay Covered Nebraska](#), with helpful information and videos on the process. They are phoning their patients and using social media to inform members.

Connecticut can learn from Nebraska's experience – what works and what doesn't – to help keep everyone eligible covered.